|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) | IN THE PROBATE COURT |
|  | ) |  |
| COUNTY OF: | ) | **WAIVER OR DEMAND FOR NOTICE IN AN ESTATE** |
|  | ) |  |
| IN THE MATTER OF: | ) |  |
|  | ) | CASE NUMBER: |
| (Decedent) | ) |  |

|  |  |
| --- | --- |
| Decedent’s Date of Death (if known): |  |
| Decedent’s Last Mailing Address: |  |
|  |  |

(FOR WAIVER) I waive receipt of a copy of the following item(s) pertaining to the above estate as indicated. I understand that by waiving the following items, I will not receive any copies or notices related to the item(s) waived.

(FOR DEMAND) I demand receipt of a copy of the following item(s) pertaining to the above estate. By filing this Demand for Notice, I understand that it is the responsibility of the Personal Representative to provide me with a copy of all documents he/she files in this estate. **I understand this Demand shall expire one year from date of filing**.

Waive \*Demand

Application for informal probate and/or informal appointment

Petition for formal probate and/or formal appointment

Information to Heirs and Devisees

Proof of Publication of Notice to Creditors

Inventory and Appraisement (including Supplementary, Amended or Corrected)

Application for Settlement

Accounting (Interim or Final)

Proposal for Distribution

Notice of Right to Demand Hearing

Any petition and corresponding order

Any hearings, Right to Appear, or Notice of Appearance

Other (specify):

|  |  |
| --- | --- |
| Executed this       day of     , 20     . | |
|  | |  |
| Signature: | |  |
| Print Name: | |  |
| Address: | |  |
|  | |  |
| Telephone (Work): | |  |
| (Home): | |  |
| (Cell): | |  |  |
| Email: | |  |  |
| Relationship to Decedent/Estate: | |  |  |
|  | |  |  |
|  | |  |  |
| Attorney: | |  |  |
| Address: | |  |
|  | |  |
| Telephone: | |  |
| Email: | |  |

**\*A Demand for Notice requires a $5.00 filing fee.**